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FORM PTO-875 (Rev. 8/01)

PATENT ADDITION FOR DEPENDANCE CO.								1	Application or Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 09759666											6	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS						RATE		FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 370.00		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			minus 20=		•	•		X\$ 9=		OR	X\$18=	,	
INDEPENDENT CLAIMS			n	inus 3 =	•			X42=		OR	X84=		
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT			. 🔾	+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			TOTAL		
6-21-04 CLAIMS AS AMENDED - PART II							•	O IAL	L	OR	OTHER	THAN	
<u>(</u>	-21-04	(Column 1) (Column 2) (Column 3)					S	MALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 13	Minus	" 2	20	s /	X	(\$ 9=		OR	X\$18=		
AME	Independent	+ 4	Minus	BENDEAG	<u>/</u>	<u> - </u>	×	(42=	1	OR	X84=/		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	140=	7	OR	·+280=		
								TOTAL		OR	TOTAL ADDIT. FEE		
		, , ,			•	- DOM: 1 CE							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	= 14	Minus	-20	2_	=	x	\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	NTATION OF MI	Minus	ennent	CI AIM	= \	X	42=		ОВ	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								40=		OR	+280=		
	•			÷				TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE		
1	_	(Column 1) CLAIMS		(Colum		(Column 3)				٠_			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	44		=	X	9=		OR	X\$18=		
₹	Independent	*	Minus	***		<u> </u>	X	12=		OR	X84=		
	HINST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 3.													
of If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE DOTAL ADDIT. FEE ADDIT. FEE THIGHEST Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
11	ie Tugnėsi Numi	per Previously Paid	For (Total or	Independer	nt) is the	highest number	found in	the app	ropriate box	in colu	mn 1.	- 1	

12 U S (1PC),2001 482-12475919

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